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Records

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70.000 RECORDS

This chapter includes information on records that shall be maintained in support of the Arizona CRS Program. It includes sections on the types of records to be maintained and on records management functions.

70.100 Types Of Records Maintained For CRS Members

Medical and other records are to be maintained for each CRS enrolled member.

70.101 Medical Records

1. Medical records for CRS members are the property of the providers of record. All CRS members should have a medical record that is maintained by the CRS Regional Contractor or designated subcontractor.
2. The following information shall be documented in each member's medical record:
 - A. Application packet (containing patient identification);
 - B. Relevant history of illness/injury and physical findings;
 - C. Diagnostic and therapeutic orders;
 - D. Clinical observations, including results of treatment;
 - E. Reports of procedures, results of testing/evaluations, ancillary service reports;
 - F. Medical consultation notes and diagnostic impressions;
 - G. Patient disposition and instructions;
 - H. Immunization record and allergy history (if available);
 - I. Referral information to and from outside agencies, physicians, AHCCCS Plan, and AHCCCS primary care physician, if applicable, including records of CRS services provided by contracted or subcontracted providers, or non-contracted providers;
 - J. History and physical examination findings, consultation reports, operative reports, discharge summaries, and ancillary reports on inpatient hospitalizations;
 - K. Consultations, reports, and progress notes from all physician's office visits;

- L. Family information; and
 - M. Multi-specialty, interdisciplinary team reports.
3. When applicable, the following information should also be included in the patient's medical record:
- A. History and physical;
 - B. Physicians' orders;
 - C. Laboratory test results;
 - D. Audiometric report;
 - E. Pathology reports;
 - F. Therapy reports;
 - G. Release of information requests;
 - H. General correspondence;
 - I. Copies of pharmacy prescriptions and/or medication profile;
 - J. Home Health summaries;
 - K. Condition-specific, pertinent flow sheets;
 - L. Problem list;
 - M. Assessments and progress notes;
 - N. Growth charts; and
 - O. Other pertinent patient data.
4. Upon appropriate release, the CRS Regional Contractor will forward documentation of inpatient and outpatient services to the referring source and/or the primary care physician. The original or a copy of this documentation shall be maintained in the member's medical record at the CRS Regional Contractor's location.
5. All CRS member records shall be pulled for upcoming clinic visits prior to the scheduled clinic.
6. Progress notes shall be filed into the medical record no later than 10 working days from the date of the clinic visit.
7. CRS Regional Contractors shall ensure that clinic progress notes and

physician orders are written at the time of the clinic visit, and that all documentation is legible, and signed.

8. CRS Regional Contractors shall ensure that clinic professional staff members sign and date all documentation entries, and that all documentation is legible.
9. CRS records shall be coded using ICD-9-CM (and/or ICD-10-CM) manuals as follows:
 - A. Inpatient records, at the time of discharge, the diagnoses, procedures and complications;
 - B. Diagnosis in the outpatient records; and
 - C. Diagnosis and procedures in the ambulatory surgery records following surgery.
10. All medical records, both active and inactive, shall be made available to ADHS/CRS for research purposes.
11. Medical records shall be maintained in an organized, detailed, and comprehensive manner, conforming to JCAHO standards, or standards of other applicable, nationally recognized accrediting organizations and Arizona medical professional standards and practices.

70.102 Other Records and Statistical Information

ADHS and the CRS Program collect data and information about CRS members to assist in the management and administration of the program. In addition, ADHS and the CRS Program are subject to a variety of data collection and reporting requirements from regulatory and funding agencies at the state and federal levels. (See Section 80.200.)

70.200 Records Management

Records management refers to safeguarding, storage, maintenance, and disclosure of medical information regarding CRS members.

70.201 Health Information Portability and Accountability Act (HIPAA) Information

1. Information to be safeguarded concerning applicants, eligible individuals or members includes:
 - A. Names, addresses and social security numbers;

- B. Social and economic conditions or circumstances;
 - C. CRS Administration or CRS Regional Contractor's evaluation of personal information;
 - D. Medical records and financial information for use in determining medical or financial eligibility for the CRS program;
 - E. Medical data and services, including diagnosis and past history of disease or disability;
 - F. Data exchange tapes;
 - G. Information system tapes from the Arizona Department of Economic Security (ADES); and
 - H. Information regarding Arizona Health Care Cost Containment System (AHCCCS) or KidsCare eligibility.
2. The restrictions upon disclosure of information shall not apply to summary data, statistics, utilization data, and other information, which do not identify an individual applicant, eligible individual, or member.

70.202 Release of Health Information Portability and Accountability Act (HIPAA) Information

1. The use or disclosure of information concerning an applicant, eligible individual, or member shall be limited to:
- A. The individual concerned;
 - B. Persons authorized by the individual concerned;
 - C. The parent or guardian of an applicant, eligible individual or member when the applicant, eligible individual or member is less than 18 years of age or greater than 18 years of age if legally declared incompetent to care for self; and
 - D. Persons or agencies for official purposes.
2. Safeguarded information may be released to the applicant, eligible individual, or member only under the following conditions:
- A. At the request or with the permission of the individual or concerning whom the safeguarded information directly relates. If such an individual is a minor or incompetent, such request shall be obtained from his/her parent.

- B. Any medical information relating to the death of an individual may be furnished to the surviving spouse or relative or the legal representative of his/her estate upon the written request of such qualified individual.
 - C. The eligible individual or member may view their medical record after notification to the CRS Regional Contractor within two working days, and during normal business hours. The CRS Regional Contractors will assist eligible individuals who have requested to review inpatient medical records.
- 3. Release to person(s) authorized by the individual concerned. Eligibility records, medical records, and any other CRS-related confidential and secured information of eligible individuals or applicants may be released to persons authorized by the eligible individual or applicant only under the following conditions:
 - A. Authorization for release of information must be obtained from the eligible individual/applicant or designated representative.
 - B. Authorization used for release must be a written document, separate from any other document, and must specify the following:
 - 1) Information or records, in whole or in part, which are authorized for release;
 - 2) To whom the release shall be made;
 - 3) The period of time for which the authorization is valid, if limited; and
 - 4) The dated signature of an individual, parent, custodial relative or designated representative is required in accordance with legal authority.
 - C. In the case where an appeal or hearing has been filed, the appellant, and/or the appellant's designated representative shall be permitted to review, obtain, or copy any authorization and/or medical record of the member necessary for the proper presentation of the case. The appellant can also authorize the release of information deemed necessary to the contested issue, to the opposing party in the case.
- 4. Release to persons or agencies for official purposes.
 - A. Official purposes are those purposes directly related to the administration of CRS and CRS Regional Contractors such as:
 - 1) Establishing medical or financial eligibility;
 - 2) Determining the amount of medical assistance;

- 3) Providing services for eligible individuals and members;
 - 4) Conducting or assisting an investigation or prosecution of civil or criminal proceedings related to CRS; and
 - 5) Performing evaluations and analyses of CRS operations or contractor operations.
- B. HIPAA information including, medical and case records, may be disclosed without the specific consent of an applicant/parent, eligible person, or member for purposes related to administration of the CRS program and only to the extent required in performance of duties by the following persons:
- 1) Employees of the ADHS;
 - 2) Employees of the U.S. Social Security Administration;
 - 3) Employees of the Arizona Department of Economic Security;
 - 4) Employees of the AHCCCS Administration and its health plans;
 - 5) Employees of the U.S. Department of Health and Human Services;
 - 6) Employees of contractors and subcontractors;
 - 7) Employees of the state of Arizona Attorney General's Office; and
 - 8) Employees of counties including Boards of Supervisors, AHCCCS eligibility offices, and the County Attorney.
- C. Law enforcement officials.
- 1) The ADHS may release, without an eligible person's or member's written or verbal consent, information to authorized officials for the purposes of an investigation or prosecution of, criminal or civil proceedings conducted by or on behalf of the ADHS, the state of Arizona, or a federal agency in connection with the administration of the CRS program.
 - 2) The ADHS may release safeguarded information contained in the member's medical record to law enforcement officials without the member's consent only in situations of suspected cases of fraud and abuse against the CRS program.

- D. For official purposes, safeguarded information, case records, and medical services information may be disclosed without the consent of the applicant, eligible individual or member to members, agents or employees of utilization, quality, or performance review committees in accordance with the provisions of this Article.

70.203 Written Approval for Disclosure

A subcontractor shall not be required to obtain written approval from a member before transmitting the member's medical records to physicians who are:

1. Providing services to members, and who have a contract with the CRS Regional Contractor;
2. Retained by the subcontractor to provide services that are infrequently used or are of an unusual nature;
3. Providing CRS services or consultation under a contract with ADHS;
4. Making a referral to or requesting a consult from a CRS provider; or
5. Providing ongoing primary or specialty care to a CRS member.

70.204 Authority for Refusal to Disclose

Any request or demand for medical information, disclosure of which is forbidden by Arizona Rules and prohibited by this subsection, shall be declined upon the authority of Arizona Rules, the provisions of this subsection, and A.R.S. §§ 36-107 and 36-136.G.18. If any employee is sought to be required, by subpoena or otherwise, to produce such medical information he/she shall respectfully decline to present or divulge the same, basing his/her refusal upon the provisions of law, Arizona Rules, and this subsection prescribed thereunder and shall through established administrative channels seek the advice of the appropriate county attorney or the Attorney General.

70.205 Confidentiality of Information Received From or Through the Federal Government

Notwithstanding anything in Arizona Rules or this subsection to the contrary, any medical information contained in the records of this Department, the source of which is the Secretary of the U.S. Department of Health and Human Services, of any person acting under him/her, or from any provider of services acting as such pursuant to U.S. Public Law 89-97 any amendments thereto, shall be disclosed only as provided by federal law and the rules and regulations promulgated there under.

70.206 Member Access to Medical Records

CRS shall ensure that parents and legal guardians of members less than 18 years of age, and CRS members have access to all their own medical records during regular business hours, unless for emergency medical care. Copying costs shall not be charged when a record is released to an individual, legal guardian, physician or governmental agency. All others shall be charged according to the prevailing copy rates of the current custodian.

70.207 File Storage

CRS Regional Contractors are to provide adequate staffing to ensure that the medical record functions are accomplished efficiently and in a timely manner. This includes pulling records for clinics, physicians and other authorized individuals, re-filing records accurately, and filing loose material (X-rays, lab reports) no later than one month following the clinic visit, and copying medical records with proper authorization.

There shall be a minimum of one Accredited Record Technician (ART) or individual with the equivalent knowledge and experience in records management and control in the clinic. The medical records unit will maintain a unit medical record on each individual receiving inpatient, outpatient or ambulatory surgery services. It should be readily available to the physician, and to other authorized individuals.

70.208 Security

Medical records for CRS enrolled individuals shall be housed in the Medical Records Section of the outpatient clinic and shall be separate from the records of the contracting facility. CRS Regional Contractors are obligated to provide security in accordance with JCAHO standards, including physical and record security.

70.209 Record Retention

1. Active CRS medical records shall be maintained by the providers contracted to provide CRS hospital or clinical services in accordance with accreditation standards, regulatory, and licensure requirements.
2. Inactive records are those for individuals who meet one of the following conditions:
 - A. Have not been seen for over two years and do not have a future appointment;
 - B. Have expired;

- C. Have moved out of state;
 - D. Are no longer medically eligible;
 - E. Have reached 21 years of age; or
 - F. Have disenrolled voluntarily.
3. CRS member records shall be retained for 10 years from the last date of service by CRS, or until the individual reaches age 22.